

07 - 477

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREPAUL Smith

Plaintiff

Reginal Medical First Correctional et al

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

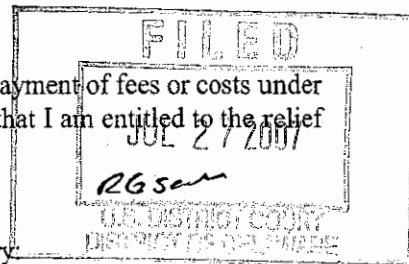
CASE NUMBER: 07 - 477

I, PAUL J Smith

declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration

DELAWARE CORRECTIONAL CENTER

Inmate Identification Number (Required):

00149003

Are you employed at the institution?

No

Do you receive any payment from the institution?

No

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed?

☒ Yes☐ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 1993

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------|-------------------------------------|
| a. Business, profession or other self-employment | • • Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | • • Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | • • Yes | <input checked="" type="radio"/> No |
| e. Gifts or inheritances | • • Yes | <input checked="" type="radio"/> No |
| f. Any other sources | • • Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

☒ No

If "Yes" state the total amount \$ ZERO

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

07-20-07

DATE



SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

IM Paul Smith

SBI# 00142003 UNIT W-I-24

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

Clerk of Court
U.S. District Court
Lockbox 18
844 N. King Street
Wilmington, Delaware
19801

ATTN: LEGAL MAIL



UNITED STATES POSTAGE
02 1A
0004608975
MAILED FROM ZIP CODE 19977
\$01.31
JUL 23 2007
PRIMEY BOWES

1580123519 0012

07 - 477

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

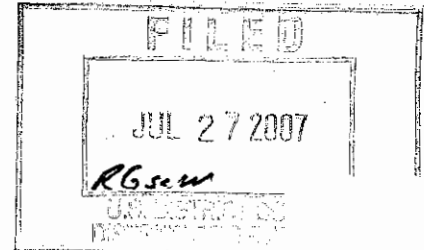
TO: Paul Smith SBI#: 142003

07 - 477

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: July 23, 2007



Attached are copies of your inmate account statement for the months of January, 2007 to June 30, 2007.

The following indicates the average daily balances.

| <u>MONTH</u> | <u>AVERAGE DAILY BALANCE</u> |
|--------------|------------------------------|
| <u>Jan</u> | <u>0</u> |
| <u>Feb</u> | <u>0</u> |
| <u>March</u> | <u>0</u> |
| <u>April</u> | <u>0</u> |
| <u>May</u> | <u>1.51</u> |
| <u>June</u> | <u>0</u> |

Average daily balances/6 months: 0.25

Attachments

CC: File

Stacy Shane
7/23/07

Paul Smith
7/23/07

Individual Statement

From January 2007 to June 2007

Date Printed: 7/23/2007

| | | | | | | |
|-------------------|-----------|------------|----|--------|--------------------------|--------|
| SBI | Last Name | First Name | MI | Suffix | Beginning Month Balance: | \$0.00 |
| 00142003 | SMITH | PAUL | J | | Ending Month Balance: | \$0.00 |
| Current Location: | W1 | Comments: | | | | |

| Trans Type | Date | Deposit or Withdrawal Amount | Medical Hold | Non-Medical Hold | Balance | Trans # | MO# / Ck# | Pay To | Source Name |
|-----------------------|-----------|------------------------------|--------------|------------------|---------|---------|-------------|-----------------|-------------|
| Commitments | 5/24/2007 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 432543 | | | |
| Commitments | 5/25/2007 | \$7.96 | \$0.00 | \$0.00 | \$7.96 | 433040 | | | C&T |
| Medical | 5/25/2007 | (\$2.00) | \$0.00 | \$0.00 | \$5.96 | 433192 | | 8/16/06 | |
| Mail | 5/31/2007 | \$1.00 | \$0.00 | \$0.00 | \$6.96 | 435107 | 10703274851 | | D PARKER |
| Mail | 5/31/2007 | \$4.00 | \$0.00 | \$0.00 | \$10.96 | 435108 | 10703274862 | | B WRIGHT |
| Supplies-MailPosta | 6/1/2007 | (\$6.49) | \$0.00 | \$0.00 | \$4.47 | 436992 | | 6/27/06 | |
| Supplies-MailPosta | 6/1/2007 | (\$1.35) | \$0.00 | \$0.00 | \$3.12 | 436994 | | 7/11/06 | |
| Supplies-MailPosta | 6/1/2007 | (\$2.07) | \$0.00 | \$0.00 | \$1.05 | 437006 | | 7/11/06 | |
| Supplies-MailPosta | 6/1/2007 | (\$1.05) | \$0.00 | (\$1.48) | \$0.00 | 437047 | | INDIGENT 8/2/06 | |
| Supplies-MailPosta | 6/8/2007 | \$0.00 | \$0.00 | (\$8.87) | \$0.00 | 440657 | | 5/23/07 | |
| Medical | 6/21/2007 | \$0.00 | (\$6.00) | \$0.00 | \$0.00 | 446355 | | 6/12/07 | |
| Ending Month Balance: | | | | | \$0.00 | | | | |

Total Amount Currently on Medical Hold: (\$14.00)

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$13.05)